

JUSTIFICATION FOR AN UNCOVERED OR AN IT PAY PLAN SALARY INCREASE
(To be completed by the agency)

- ☐ Uncovered Reclassification
☐ IT Pay Plan Increase – Covered
☐ Counteroffer

- ☐ Uncovered Promotion
☐ IT Pay Plan Increase – Uncovered
☐ Other Salary Increase

Agency Name: _____

Agency Contact: _____

Employee Name: _____

EIN: _____

Proposed Effective Date: _____

	<u>CURRENT</u>	<u>PROPOSED</u>
Annual Salary:	_____	_____

If the employee will remain in the current position, only enter the position number, job code, description, and grade. If the employee will be changing positions, please complete both the current and the proposed sections.

	<u>CURRENT</u>	<u>PROPOSED</u>
Position Number:	_____	_____
Job Code:	_____	_____
Job Description:	_____	_____
Grade:	_____	_____

Please provide a justification for the proposed increase:

Agency Head or Authorized Designee

Date

Please provide a return email address: _____

ADOA USE ONLY

Kathy Peckardt, HR Director

☐ Approved

☐ Denied

Please submit this form electronically:
Arizona Department of Administration
Human Resources Office
Email: humanresources@azdoa.gov